COUNTY OF LOS ANGELES
Public Health

SUBSTANCE ABUSE PREVENTION AND CONTROL

AUTHORIZATION TO USE/DISCLOSE PROTECTED HEALTH INFORMATION WITHIN SAPC PROVIDER NETWORK

I. PATIENT INFORMATION

Name (Last, First, and Middle):	Date of Birth:	Medi-Cal Number or My Health LA Number:
Address:		Phone Number:

II. ENTITIES WHO MAY SHARE HEALTH INFORMATION

Option 1 – All Providers within the SAPC Provider Network

☐ I authorize All Providers within the SAPC Provider Network (the provider list is below and referred to as Addendum) that are participating in my treatment to have access to and share my protected health information with each other for the purpose of coordinating my care and treatment. SAPC and its Provider Network will have access to SAPC's electronic health record database that contains my electronic health information.

Option 2 – Select Providers within the SAPC Provider Network

☐ I authorize the following entities listed below that are participating in my treatment to share my protected health information with each other for the purpose of coordinating my care and treatment *(Please enter ALL names of SAPC provider organizations/agencies participating in the exchange of protected health information)*:

- _____
- _____
- _____
- _____

III. SCOPE OF DISCLOSURE

I permit the entities listed in Section II to share the protected health information specified below. Disclosure shall be limited to the following information:

☐ ALL health information listed here in Section III
☐ Assessment information
☐ Case management/care coordination
☐ Treatment plans
☐ Progress notes
☐ Discharge plans / summaries
☐ Drug test results
☐ Laboratory test results
☐ Medications
☐ HIV/AIDS test information
☐ Primary care records
☐ Mental health records
☐ Other (specify): _____

IV. EXPIRATION OF AUTHORIZATION

This Authorization will automatically expire ONE YEAR after the date listed in Section VI, after the signature of the patient or legal representative.

V. OTHER IMPORTANT INFORMATION

By signing this Authorization, I understand that:

- My alcohol and/or drug treatment records are protected under the Federal regulations governing Confidentiality and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. parts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations.
- This Authorization is voluntary and I do not need to sign this Authorization in order to receive treatment, enroll in services, or for payment for my health care.
- I have a right to receive a copy of this Authorization. A copy of this Authorization is as valid as the original.
- However, if information related to drug or alcohol abuse or HIV/AIDS treatment is shared, that information cannot be re-disclosed except with another Authorization.
- I have the right to revoke this Authorization at any time in writing unless the entity disclosing my health information already shared my information before receiving my revocation. I may use the Revocation of Authorization at the bottom of this form to terminate this Authorization, and may mail or deliver the revocation to the Substance Abuse Prevention and Control (SAPC) or my health provider.

Once my Revocation of Authorization is received, SAPC and/or my provider will cancel the Authorization and notify all involved parties of its cancellation.

VI. SIGNATURE OF PATIENT OR LEGAL REPRESENTATIVE

I have read and understand the content of this Authorization. I am signing the Authorization voluntarily, and understand that I have the right to refuse to sign this document. My signature authorizes the disclosure of the health information as described in Section III of this Authorization.

Name and Signature of Patient or Patient's Legal Representative:

_____ _____ _____/_____/_____

Print Name Signature Month Day Year

If signed by Patient's Legal Representative, state relationship and authority to do so:

_____

Witness: Name and Signature of Providers or Agency/Clinic Representative:

_____ _____ _____/_____/_____

Print Name and Title Signature Month Day Year

_____

Provider Address

VII. REVOCATION OF AUTHORIZATION

☐ I wish to revoke my authorization.
*Please send Revocation of Authorization to SAPC, whose contact information is listed above, or your health provider.

Name and Signature of Patient or Patient's Legal Representative:

_____	_____	_____/_____/_____
Print Name and Title	Signature	Month Day Year

If signed by Patient's Legal Representative, state relationship and authority to do so:

_____

VIII. PROHIBITION ON REDISCLOSURE OF CONFIDENTIAL INFORMATION

This notice accompanies a disclosure of information concerning a client in alcohol/drug treatment, made to involved providers with the consent of such client. This information has been disclosed to involved providers from records protected by federal confidentiality rules (42 C.F.R. Part 2). The federal rules prohibit involved providers from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

ADDENDUM

Below is an alphabetical list of substance use disorder (SUD) providers within the SAPC network who are authorized to share health information, as referenced in the above Authorization form. Please circle the relevant SUD providers and enter the other health providers below who will be exchanging health information with this Universal Release Form.

Other Health Providers (if applicable):

1. _____ 3. _____

2. _____ 4. _____

Substance Use Disorder Providers:

Please visit the *SUD Provider Locator* section at http://publichealth.lacounty.gov/sapc/ for the most current list of providers.

ADDICTION RESEARCH AND TREATMENT, INC.
AEGIS TREATMENT CENTERS, LLC
ALCOHOLISM CENTER FOR WOMEN, INC.
ALCOHOLISM COUNCIL OF ANTELOPE VALLEY/NCA
ALTAMED HEALTH SERVICES CORPORATION
AMERICAN HEALTH SERVICES LLC
AMERICAN INDIAN CHANGING SPIRITS
ASIAN AMERICAN DRUG ABUSE PROGRAM, INC.
AVALON-CARVER COMMUNITY CENTER
BAART BEHAVIORAL HEALTH SERVICES, INC.
BEACON HOUSE ASSOCIATION OF SAN PEDRO (THE)
BEHAVIORAL HEALTH SERVICES, INC.
CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.
CAMBODIAN ASSOCIATION OF AMERICA

CANON HUMAN SERVICES, INC.
CASA DE LAS AMIGAS
CENTER FOR INTEGRATED FAMILY AND HEALTH SERVICES
CHABAD OF CALIFORNIA, INC.
CHILD AND FAMILY CENTER
CHILDREN'S HOSPITAL LOS ANGELES
CLARE FOUNDATION, INC.
CLINICA MONSENOR OSCAR A. ROMERO
CRI-HELP, INC.
DIDI HIRSCH PSYCHIATRIC SERVICE
DIVINE HEALTHCARE SERVICES, INC.
EGGLESTON YOUTH CENTERS, INC., D. B. A. EGGLESTON SUBSTANCE ABUSE AND EDUCATION PROGRAM
EL PROYECTO DEL BARRIO
ELDORADO COMMUNITY SERVICE CENTER

ETTIE LEE HOMES, INCORPORATED
EXODUS RECOVERY INC
FAMILIES FOR CHILDREN, INC.
GRANDVIEW FOUNDATION, INC.
HACC, INC., D.B.A. HARBOR AREA SUBSTANCE ABUSE TREATMENT CENTER
HANNAH'S FIRST STEP TREATMENT CENTER
HELPING KIDS TO RECOVER, INC.
HELPLINE YOUTH COUNSELING, INC.
HIS SHELTERING ARMS, INC.
HOLY ADDICTION CARE CENTER, INC
HOMELESS HEALTH CARE LOS ANGELES, INC.
HOUSE OF HOPE FOUNDATION, INC.
I-ADARP, INC.
JWCH INSTITUTE, INC.

LITTLE HOUSE
LIVE AGAIN RECOVERY HOME, INC.
LOS ANGELES BIOMEDICAL RESEARCH INSTITUTE AT HARBOR-UCLA MEDICAL CENTER
LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE
MATRIX INSTITUTE ON ADDICTIONS
MEDI-CURE HEALTH SERVICES, INC.
MELA COUNSELING SERVICES CENTER, INC.
MOTIVATIONAL RECOVERY SERVICES, INC.
NARCOTIC ADDICTION TREATMENT AGENCY, INC.
NARCOTIC PREVENTION ASSOCIATION, INC.
NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE - LONG BEACH AREA
NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF EAST SAN GABRIEL AND POMONA VALLEYS, INC.
NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF THE SAN FERNANDO VALLEY
NEW HOPE DRUG & ALCOHOL TREATMENT PROGRAM, INC.
PACIFIC CLINICS
PACIFIC LODGE YOUTH SERVICES, INC.

PALM HOUSE, INC.
PEOPLE COORDINATED SERVICES OF SOUTHERN CALIFORNIA
PHOENIX HOUSES OF LOS ANGELES, INC.
PRINCIPLES, INC.
PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, MENTAL HEALTH, AND SOCIAL SERVICES
RENAISSANCE SOUTH LA, INC
SAFE REFUGE (original name: SUBSTANCE ABUSE FOUNDATION OF LONG BEACH, INC.)
SAN FERNANDO VALLEY COMMUNITY MENTAL HEALTH CENTER, INC.
SANTA ANITA FAMILY SERVICES
SHIELDS FOR FAMILIES, INC.
SOCIAL MODEL RECOVERY SYSTEMS, INC.
SOUTH BAY HUMAN SERVICES COALITION
SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
SOUTHWEST CARE, INC.
SPECIAL SERVICE FOR GROUPS, INC.
SPIRITT FAMILY SERVICES
SUNRISE COMMUNITY COUNSELING CENTER

TARZANA TREATMENT CENTERS, INC.
TAVARUA HEALTH SERVICES
TAVARUA MEDICAL REHABILITATION SERVICES D.B.A. ASUZA MEDICAL AND MENTAL HEALTH SERVICES
THE NEW YOU CENTER, INC.
THE PAJO CORPORATION
THE SALVATION ARMY, A CALIFORNIA CORPORATION
TRANSCULTURAL HEALTH DEVELOPMENT, INC.
TWIN TOWN CORPORATION
VALLEY WOMEN'S CENTER, INC.
VAN NESS RECOVERY HOUSE
VOLUNTEERS OF AMERICA OF LOS ANGELES
WATTS HEALTHCARE CORPORATION
WEST COUNTY MEDICAL CLINIC
WEST COUNTY MEDICAL CORPORATION
WESTERN PACIFIC MED-CORP
WILSHIRE TREATMENT CENTER, INCORPORATED
YOU CAN HEALTH SERVICES